

FOR OFFICE USE
(Rev. 1/1/13)
Accounting Code: PF
2013 Fee: See below

Fee Required	
Case No	

Return Your Submittal To Development Planning (Attn: Development Review Coordinator) Sugar Land City Hall, 2700 Town Center Blvd. North, Sugar Land, Tx 77479, Phone#: (281) 275-2218

PROJECT NAME			
Submittal □ Type & Fee	General Land Plan	☐ Minor Amendment [\$650	Planned Unit Development \$1,600 + \$20/per acre or portion (max. \$3,000)
Project Location	☐ City Limits (Zoning:) 🗆 ETJ
Property Acreage	Legal/ Location Descr	iption	
Types of Uses	☐ Multi-Family Residential ☐ Bu	ommercial/ Industrial siness/ Office	☐ Planned Development
CONTACT INFORMATION Property Owner	rmation · (Please Note - the Property Owner's Information	ation Must be provided):	
Name	• •	<u>-</u> ·	
Company			
Phone	Email		
I am the owner o	's Authorization (May be submitted under see f the property for which this application is bein th the City of Sugar Land regarding this applic	ng made. I authorize (Project Representative) t	to submit this application and
<i>X</i>		, ,	
-	Property Owner's Signature (R	equired)	Date
Project Represe			
Contact Person			
Company			
Phone	Email		
authorized to mo	that the information on this form is COMP ske this application. I understand that this app & Environmental Services Department has not	plication will expire one ye	ear from the date of submittal
X			
General Land P	Project Representative's S lan Submittal Requirements:	ignature	Date

Applications submitted without the following items will not be routed for review

- Nine (9) Copies of the Completed Application
- Nine (9) Copies 24" x 36" prints folded to 8 ½" x 14"
- Submittal Fee
- PDF copy of General Land Plan or Planned Unit Development submittal
- Three (3) copies of a Traffic Impact Analysis (Contact Engineering Dept. at 281-275-2870 to determine necessity)
- Information on parkland if residential acreage is included

Traffic Impact Analysis (TIA) Threshold Worksheet

Complete this form as an aid to determine	ne 11 your projec	et requires	a Traffic Impa	act Analysis.		
Project Name:						
Location:						
Applicant/Contact:						
Contact Phone Number:		Conta	act Email:			
Application Type (check one):						
Zoning (CUP/PD)	_ Site Plan	F	Plat	Other:		
		VADE:		ITE Trip Rates	/ Trips Generated	
Anticipated Land Use	Units*	ITE Code	Daily Total	AM Peak Hour	PM Peak Hour	Weekend Peak Hour
			/	/	/	/
			/	/	/	/
			/	/	/	/
* Units should be based on what is used All Trips generated should be based on	1 0		•		, etc), be sure to sp	ecify in the box.
All thresholds to determine when a TIA which is available on the City website w	•		•	_	,	•
Applicant's Signature:				Г	Date:	